

Docket No. 68811-A/JPW/GJG/MLIN THE UNITED STATES PATENT AND TRADEMARK OFFICEApplicant(s) : Sharon Cohen-Vered et al.Serial No. : 10/758,397 Examiner: M. AudetFiled : January 14, 2004 Group Art Unit: 1654For : PARENTERAL FORMULATIONS OF PEPTIDES FOR THE TREATMENT OF
SYSTEMIC LUPUS ERYTHEMATOSUSMail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450Date: January 17, 2008

Sir:

Transmitted herewith is an amendment to the above-identified application.

_____ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

_____ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

_____ No additional fee is required.

The filing fee is calculated as follows:

	Number after Amend-ment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE		FEE	
				Small Entity	Other Entity	Small Entity	Other Entity
Total Claims	21 -	* 22 =	*** 0 X	\$25	\$50	=	0
Indepen-dent Claims	2 -	** 3 =	*** 0 X	\$105	\$210	=	0
Multiple Dependent Claim(s) Presented For First Time _____ Yes <input checked="" type="checkbox"/> No				\$185	\$370	=	0
				TOTAL ADDITIONAL FEE		\$	0

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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The following are also enclosed:

☒ One additional copy of this Amendment Transmittal Letter
☒ Return Receipt Postcard
☐ An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes ☐ No ☐
and a fee of \$ ☐ included)
☒ A Petition for an Extension of Time, including a fee of
\$ 1,050.00 for a Petition for 3 Month(s) Extension of Time
☐ Other (identify): _____

THE TOTAL FEE DUE IS \$ 1,050.00.

☒ A check in the amount of \$ 1,050.00 is enclosed.
☐ Please charge Deposit Account No. _____ in the amount of
\$ _____.
☒ The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:
☒ Fees under 37 C.F.R. §1.16 for the presentation of extra claims
☐ Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,

I hereby certify that this
correspondence is being deposited this
date with the U.S. Postal Service with
sufficient postage as first class mail
in an envelope addressed to:
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.
Gary J. Gershik 1/17/08
Gary J. Gershik Date
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